

Patient Registration

Please make sure you have provided your NHS number on the purple registration document.

Please provide either one form of identification from Box A or 2 from Box B

Box A

Form of identification (please tick)	√	Passport, license or cert number
Birth Certificate		
Valid UK Passport		
Valid non – UK Passport		
Valid UK photo driving license		
Birth Certificate		

Box B

Other form of identification and/or confirmation of address (Rental agreement, utility bill, Bank statement, mobile phone contract, DHSS letter, electoral role etc)

Have you previously been registered at this Practice Yes/No

Ethnicity:

Gender:

Language preference English/Welsh/other

- Where available do you consent to the Practice contacting you by text messages for appointment reminders, invitations to health checks, vaccination reminders, to let you know that your prescription or your sick note is ready for collection and anything else relevant to your healthcare. Yes/No (please delete as appropriate)
- We have an electronic method of contact available for patients to contact the surgery (Enquiries.W00067@wales.nhs.uk) for non-urgent requests do you consent for us to correspond with you via this method and supply us with a preferred e-mail address for this purpose?

Significant Medical History

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Allergies

Do you have any allergies? Yes/No

If yes, please give details:

Drug

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.....

Non-drug

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.....

Carers and Next of Kin

Please give details of your Next of Kin and/or anyone who may be assigned as your lasting Power of Attorney.....

Do you need/have anyone who looks after you or your daily needs as an unpaid Carer?
Yes/No

**Our Carers champion Mrs Jo Bidgood will help with any queries you may have regarding your carers role and how we can help in the GP setting she will also forward your details to any relevant groups or outside agencies which are appropriate to you.*

Military Veteran

Have you ever served in the Armed Forces? Yes/No

Communication

Do you have any communication/information needs relating to sensory loss and, if so, what are they and how would you like us to communicate with you?

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Welcome to Argyle Medical Group, thank you for completing this pre-registration questionnaire.

Version 1 March 2025 ******If you are 18 or over you will be asked to attend a new patient check appointment with a Health Care Assistant**

NEW PATIENTS – Obtaining Repeat Medication

To avoid any delays in obtaining repeat medication we would ask that you contact your previous surgery and request a summary of medication. This should be sent to us using the following email address:

enquiries.w00067@wales.nhs.uk

Unfortunately, we are unable to accept a copy of your repeat slip as proof of repeat medication.

It would also be helpful to provide the contact details of your previous surgery so that we are able to contact them if needed.

<p>Name:.....</p> <p>D.O.B:.....</p> <p>Address:.....</p> <p>.....</p> <p>Previous Surgery Name & Address:</p> <p>.....</p> <p>.....</p> <p>Previous Surgery Contact Number:.....</p> <p>Previous Surgery Email Address:</p>
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Electronic Prescribing

If you wish to have your repeat prescriptions sent electronically to a local pharmacy, you will need to nominate a pharmacy to receive them. If you have previously nominated a pharmacy from outside of this area to receive your electronic prescriptions, you will need to update this.

<p>Please indicate your choice of pharmacy by ticking ONE of the options below:</p> <p><input type="checkbox"/>Boots Pharmacy Pembroke Dock</p> <p><input type="checkbox"/>Mendus Pharmacy, Pembroke</p> <p><input type="checkbox"/>Castle Pharmacy, Pembroke</p> <p><input type="checkbox"/>Pembroke Dock Healthcare Ltd, Pembroke Dock</p>

If you have a previous nomination from outside of the area and DO NOT choose to continue having your prescriptions sent electronically by indicating a choice above we will remove any previous nomination from your record. If you change your mind at any point this can be added in by speaking to your local pharmacy team.

Reception -Please pass completed form to the Prescription Department